



Campus Purchasing User Manual

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<http://www.upstate.edu/finance/contracts.php>

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Campus Purchasing User Manual

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INTRODUCTION

Campus Purchasing is responsible for procurement for the University's non-patient care areas, Campus Administrative Offices, the Research Foundation, as well as several shared service departments including Facility Design, Marketing and Physical Plant.

The Department is dedicated to providing service to the Upstate Medical University community in a timely, efficient, and cost effective manner, in accordance with existing regulations. This guide is intended to provide a quick reference to the procedures, forms, and available services as related to the Campus Purchasing Department.

If you have any questions, please contact x4-5720 and you will be directed to the appropriate staff member.

PURCHASING SERVICES AVAILABLE

Consulting: Provide information about products, vendors, and delivery; assist with the development of Request for Proposal or Invitation for Bid specifications.

Negotiating: Contracts and price agreements

Evaluation: Contracts; vendor performance; reasonableness of price

Support: Placing and expediting orders; resolving disputes

Purchasing Orientation for New Personnel: Briefings can be arranged for new employees who are involved in processing requisitions for departmental needs.

Purchase Planning: Purchasing can assist in developing a purchasing plan for cyclical, seasonal, and budgetary variations by working with the department to set up *blanket* or *standing* orders.

STATE & RESEARCH PURCHASE AUTHORIZATION PROCEDURE (SELF-SERVE)

Please refer to manual on Self-Serve (<http://selfserve.upstate.edu>) for instruction on purchase authorization. For further assistance, contact the IMT Help Desk at x4-4115.

PREPARING A STATE PURCHASE REQUISITION

To avoid any delays or discrepancies when placing your order please ensure the information requested below is provided in its entirety.

Please use the State requisition form (#44360) to place orders with Campus Purchasing. Additional State requisitions may be ordered through Central Stores.

Be sure to complete the following information (see sample).

1. DATE REQUISITION IS PREPARED BY DEPARTMENT
2. DEPARTMENT ACCOUNT NUMBER TO BE CHARGED - Please include all department account numbers to be charged and percentages to be applied.
3. DEPARTMENT NAME
4. ORDER CONTACT PERSON/EXTENSION - First & last name and extension number of the department contact
5. SUGGESTED VENDOR - A separate requisition needs to be used for each vendor. The department's initial vendor may be subject to change.
6. VENDOR'S ADDRESS
7. VENDOR'S PHONE NUMBER
8. VENDOR'S FAX NUMBER
9. VENDOR'S WEBSITE
10. DELIVERY DESTINATION – Department name where orders are to be delivered (or services are being rendered)
11. BUILDING/ROOM - Building name and room number where order is to be delivered (include location even if items have already been received).
12. PROTECTED HEALTH INFORMATION DISCLOSED - Is protected patient information disclosed?
13. CONFIRMING - Has the order been placed by the end user?
14. PRICE INFORMATION/QUOTE NUMBER - How was price information obtained? Please provide the quote number and attach any applicable quotes.
15. AUTHORIZED SIGNATURE - Only persons with signature authorization on file may sign for the account on the requisition; signature must be on file in Self-Serve.
16. DESCRIPTION - Full description of item(s) to be ordered. Please include the following information: catalog number, manufacturer, model number, item description, size, color, and manufacturer's unit package (i.e. bottle size, number of items per box, etc.)
17. QUANTITY - How many of each unit you want to order.
18. UNIT - How the item comes packaged, i.e. each, box, carton, etc.
19. PRICE - Price per unit.
20. TELP - If this is a TELP purchase, the word “TELP” with the TELP account number.

Once the requisition is ready to send to Campus Purchasing, remember to retain the pink copy for your records. Once the order has been placed, our office will return the yellow copy that contains the order information.

PREPARING A RESEARCH PURCHASE REQUISITION

Research purchase requisition may be completed one of two ways: via a paper requisition or electronically only.

Paper Requisition

(Form #42340 available from Central Stores or online)

1. **Date:** Date that the requisition is prepared by the department.
2. **Supplier:** Vendor (including address, phone, fax) suggested by the department for the item(s) to be purchased. Use one vendor per requisition. (Vendor may be changed by Purchasing subject to policy, pricing, availability, etc)
3. **Project – Task – Award Numbers:** The project, task, award numbers to be charged for the expenditure (Split P/T/A should be highlighted with amounts or percentages for each award)
4. **Expenditure Type:** To be completed by Purchasing
5. **Organization Name:** Name of department completing the requisition
6. **Requisitioner:** Name and phone number of individual who can answer questions regarding the requisition, or departmental coordinator
7. **Ship to Address:** Indicates the department, building, and room number where the Receiving Department will deliver the merchandise. Please include name of person that will accept merchandise. Even on items that won't be delivered, a delivery point is still needed. The confirmation copy will be returned to this department.
8. **Catalog Number:** Sequential number of individual items to be ordered.
9. **Description:** A brief but complete description of the items to be purchased. This should also indicate the size and packaging of items, if known (i.e.: 10 packs/case)
10. **Quantity:** Number of items requested
11. **Unit:** Unit of issue (i.e.: each, case, dozen, pack, etc)
12. **Price:** The price for each unit being ordered (if known)
13. **Authorized signature:** The Department Chairman, Principle Investigator, or the Department Fiscal Designee must sign the requisition. Signature authorization forms are available through the Sponsored Programs Department.
14. **Confirming Information:** Indicate if the order has been placed and/or received. Pricing information, including any quotes, should be indicated.

Online Requisition

The online requisition is located on the AIS self-serve under the *Applications* purchasing link.

All Principle Investigators have been authorized to use this system. All others will need to have the PI complete the signature authorization process online through AIS self-serve.

1. **PTA:** The project, task, award numbers to be charges for the expenditure
2. **Requisition Status:**
 - a. Incomplete: Required fields to complete the requisition are missing
 - b. In Progress: Requisition is still being prepared and cannot be ordered or changed by Purchasing. Department can keep open to make additions/changes to the requisition before it's processed by Purchasing.
 - c. Submitted: Order submitted to Purchasing to process. A requisition in submitted status can be modified or deleted until the status is changed by Purchasing.
 - d. Reviewing: Requisition under review by Purchasing. The requisition cannot be modified or deleted by anyone other than Purchasing.

- e. **Ordered:** Ordered by Purchasing; a purchase order has been added to the requisition along with comments from the Purchasing
- f. **Paid:** Order paid by Accounts Payable.
- g. **Received in Full:** Order received in full. Change when order has been received and payment to the vendor only is requested.
- 3. **Need Date:** The date that the merchandise is needed by
- 4. **Dept / Building / Room / Attention:** Indicates the department, building, and room number where the Receiving Department will deliver the merchandise. The attention should be the name of the person to receive the merchandise.
- 5. **Supplier:** Vendor (including address, phone, fax) suggested by the department for the item(s) to be purchased. The supplier can also be the individual to be reimbursed or paid as an independent contractor. Use one vendor per requisition. (Vendor may be changed by Purchasing subject to policy, pricing, availability, etc.)
- 6. **Pricing:** Pricing information, including any quotes, should be indicated.
- 7. **Comments:** Include any special attention needed to place the order; promo information, splitting costs between other P/T/A numbers, etc.
- 8. **Attachment:** Attach quotes, invoices, etc
- 9. **Catalog #:** Sequential number of individual item to be ordered
- 10. **Description:** A brief but complete description of the item to be purchased. This should also indicate the size and packaging of items (i.e.: 10 packs/case)
- 11. **Quantity:** Number of items requested
- 12. **Unit:** Unit of issue (i.e.: each, case, doze, pack, etc)
- 13. **Price:** The price for each unit to be ordered (if known)
- 14. **Save / Reset:** Click save to complete and save the order, or reset to cancel.

PURCHASING REQUIREMENTS

As a result of the complexity of various requirements and the timeline involved, it is imperative that departments contact their Purchasing department when considering purchases over \$5,000.

Please refer to Appendix A, *Purchasing Thresholds Requirement*, of this manual for information regarding various purchasing thresholds.

The Research Foundation thresholds are as follows:

Up to \$50,000: No requirement for solicitations of bids or proposals. When the same suppliers are used repeatedly or on an ongoing basis for various procurements within this range, pricing and quality of the goods and services must be reviewed periodically and the results maintained in a supplier procurement file/

\$50,000 to \$100,000: Solicitation of bids or proposals required, and procurement requires selection from a minimum of three written or verbal quotes.

Over \$100,000: Solicitation of written bids or proposals required, and procurement requires selection from a minimum of three written bids or proposals.

Criteria for Sole & Single Source

A sole source is a procurement in which only one vendor is capable of supplying the required commodity or service. The unique nature of the requirement and determination of why no other vendor could provide the commodity or service is required as part of a written justification.

A single source is a procurement in which although two or more vendors can supply the required commodity or service it is determined that there are material and substantial reasons to award a contract to one vendor over another that are documented in a written justification.

Refer to Appendix B, *Sole/Single Source Form*, for a copy of the form to complete and include with your requisition. Please review and incorporate the following guidelines in your detailed justification:

Product Information

- Include general information and description of product or service (attach specification sheet if available).
- List brand, model number, and manufacturer of requested item.
- Describe how the product will be used – what it is supposed to do.

Justification for Vendor/Model Choice

- Specify feature or use unique to the product or service.
- Describe how the unique feature(s) are pertinent to your requirements.
- List other models or brands of the item which were considered and an explanation of why they were unacceptable.

Justification for Particular Vendor (Single Source)

- Explain why only this vendor is acceptable.
- If no competition exists as substantiated by inquiries, list vendors contacted and vendor response/explanation.

NYS Finance Law §139

For purchases of \$15,000 and above that are not covered under state contract, the State of New York requires SFL §139 forms to be completed by the vendor. The purpose of this form is to ensure that the vendor is aware of the finance law, that the vendor or their representatives cannot make inappropriate contacts during the bid process in an attempt to influence the bid process, and that the vendor agrees to comply. The form also requires that the vendor report if any governmental entity made a finding of non-responsibility against the vendor in the past four (4) years. Any employee of SUNY Upstate Medical University who may be aware of an inappropriate contact must document it and report it to their purchasing department. Please be aware that your order cannot be processed without this form from the vendor.

Placement of Emergency Orders

1. **By Fax:** The signed requisition should be faxed to Purchasing at x4-4599 with the phrase “RUSH” marked clearly in the description area. The need by date should be specified along with the desired delivery method (overnight, 2nd day, ground shipping). The requisition must be clearly marked “FAXED” prior to sending the fax. The department must send the original requisition within one business day. If the requisition has not been

clearly marked “FAXED”, the department will be responsible for the cost of any duplicate orders.

2. **Orders Placed by the Department:** Any order placed by the department requires prior authorization from Purchasing. The department should submit a signed purchase requisition to Campus Purchasing with a request for a verbal purchase order number. The request will be reviewed by the Purchasing department and the department will be contacted.

The department should make every effort to avoid emergency orders. New York State purchasing laws and regulations still apply to emergency orders.

Payment for Non-Authorized Purchases

For the most current information, please reference, Administrative Policy P-29. In accordance with the Office of the State Comptroller G Bulletin No. G-195: “A state employee who directs a vendor to start providing goods or services without an approved contract (purchase order) may be personally liable for any indebtedness that is ultimately held to be owed to the contractor (vendor).”

Service Repairs

The University utilizes the Cobblestone contract management system for tracking contracts and service agreements. End-users will receive alerts notifying them of expiring contracts and service agreements. End-users should work with Campus Purchasing to determine if services are still needed, and if necessary, ensure a new agreement is in place to avoid a lapse of service.

1. **On-Site Warranty/Maintenance Agreement:** Department contacts vendor to arrange for warranty or maintenance agreement service repairs utilizing the assigned purchase order number for that agreement.
2. **On-Site Non-Warranty:** Department should call vendor to make arrangements for repair and send a requisition to Purchasing to obtain a purchase order number. The approximate cost of repair should be noted on the requisition and any applicable estimates attached.
3. **Off-Site Warranty and Non-Warranty:** If equipment or material must be shipped off-site for repair, the department should contact the vendor for approval prior to submitting a requisition to Purchasing. A requisition must be submitted and indicate the following:
 - The problem
 - Estimated cost of repair (if non-warranty)
 - Estimated value of item being returned
 - Physical location of the equipment that is to be returned for repair

Purchasing will complete any shipping papers and will forward to the Receiving department. Upon receipt of the shipping paperwork, Receiving will pick up the equipment from the department. Departments must make sure equipment is packed and “ready to go.” Receiving

will return a confirmation of the shipping request to the department indicating date and method of return.

All invoices (with the Purchase Order number referenced) should be sent by vendor to:

State

SUNY Upstate Medical University
Accounts Payable Department
750 East Adams Street
Syracuse, NY 13210

Research

Research Foundation of SUNY
Accounts Payable Department
750 East Adams Street
Syracuse, NY 13210

SPECIAL PURCHASES

Radioactive Orders

All radioactive orders shall be requested by an authorized user and with the approval of the Radiation Safety Department (UH 636). Please contact the Radiation Safety department at x4-6510 for an authorization application. All requests have to be reviewed and approved by the Radiation Safety Committee.

To place an order:

1. Complete a purchase requisition. Be sure to include:
 - a) material requested
 - b) quantity
 - c) specific activity
 - d) date needed
 - e) researcher's name
2. The requester must forward a completed requisition and clearance card to the Radiation Safety Department, where Radiation Safety will log and assign a Radiation Safety Office (RSO) authorization number. Radiation Safety will then forward the clearance card and requisition to Purchasing. All radioactive orders are to be placed by Purchasing and will be delivered directly to the Radiation Safety Office. Radiation Safety will notify the requisitioner when the material is received.

Please refer to Appendix C, *Radiation Safety Card*, for a sample.

For more information regarding radiation safety please visit the department's website:

<http://www.upstate.edu/radiationsafety/>.

Live Animal Orders

All animal orders are approved through the Department of Laboratory Animal Resources prior to ordering. Arrangements for non commercial source animals must be made directly through DLAR. Requisitions for animal orders must be received in Purchasing by NOON the Friday before the week of delivery.

All information below is required on the requisition:

- Vendor name
- Species – rat, mouse, primate
- Strain – Sprague Dawley, Balb/C
- Stock number or catalog number must be on the order
- Quantity of animals
- Sex of animals
- Weight or age range of animals
- Date of arrival
- Investigator Name – Must match the CHUA number
- Department Name
- CHUA number
- Project/Task/Award or State account number to charge

Standing orders are strongly recommended to ensure the animals are available at the weight range or age necessary for the research. Special arrangements can be made to have deliveries of animals Monday – Thursday with DLAR approval. Arrangements for animal shipments on Friday are prohibited. Purchasing will place all animal orders with the appropriate vendors for delivery the following scheduled delivery day of Tuesday, finalize information with DLAR and contact the end user if any changes are necessary.

Taconic Farms, Charles River Laboratories, Jackson Laboratories and Harlan Sprague Dawley make deliveries to our institution on Tuesdays.

Non-Commercial Source Animal Deliveries: Arrangements for non-commercial source animals (transgenic mice from another research institution) must be made directly through the DLAR office. DLAR arranges to have the shipping charges billed back to the investigator. DLAR issues a tracking number when each shipment is approved for receipt following review of health information from the source institution.

Pig, sheep, and goat orders are made directly through the DLAR office, x4-6563.

For more information regarding lab animal resources please visit the department's website: <http://www.upstate.edu/dlar/>.

Subscriptions, Memberships, Dues, and Other Prepaid Items

For State accounts, all subscriptions and memberships must be submitted in the name of SUNY Upstate Medical University at Syracuse and department name or title, not in an individual's name. If an institutional subscription/membership is unavailable and a personal subscription/membership is required, a written justification must be submitted to Purchasing along with the requisition. The justification should state how the subscription/membership will relate to and benefit the mission of SUNY Upstate Medical University at Syracuse. For Research accounts, subscriptions may be processed in the Researcher's name.

If your subscriptions, memberships, or dues require prepayment, please submit the following:

1. An approved requisition with applicable membership account information;
2. Back-up documentation – a letter, proforma invoice, order form, or brochure from the vendor that states the following:

- a) vendor name, address and telephone number
- b) description of item or service being rendered
- c) price

Without proper back-up documentation, the order may be delayed. Accounts Payable will not pre-pay an order without back-up.

DESKTOP DELIVERY FOR OFFICE SUPPLIES

Upstate Medical University participates in an online desktop delivery program for office supplies through an approved contract vendor.

To participate in the program, contact Campus Purchasing to obtain a *User Set-up Information Form*. The form should be completed and signed by an authorized signatory. Please, forward the completed *User Set-Up Information Form* to Purchasing. Once your profile has been entered into the vendor's system, you will receive an email with login instructions.

If an item says "restricted" or "not purchasable" you must submit a signed requisition to our office.

PROCUREMENT/CREDIT CARDS

Research Foundation Bank of America Visa card: Research Foundation has implemented a corporate purchasing card that can be used for travel expenses (in accordance with the Research Foundation travel guidelines), memberships, registration, subscriptions, meeting expenses, and small dollar purchases as allowable per the award. The VISA corporate card is available to non-restricted awards, with the exclusion of Medical Service Group awards.

State Citibank VISA Procurement Card: State University of New York campuses use an alternative procurement method when making small dollar purchases. Transactions limits are generally set at 2,500 with a monthly limit of 10,000. NYS Purchasing and Upstate Policy guidelines still apply when making purchases. Vendor selection is encouraged from Preferred Source, NYS OGS Contract Vendors, and Minority/Women owned businesses. The Procurement card cannot be used for travel. Please contact the Travel Office x to inquire about travel arrangements.

For more information or to request a Research Foundation or State Procurement card contact:

Campus – State/Research Foundation: Michele Khasidis
khasidim@upstate.edu
x4-5720

Hospital: Ken Baker
bakerk@upstate.edu
x4-2427

Please refer to the following appendices for further information on State and Research credit cards: Appendix D, *State Visa Application*; Appendix E, *State User Guidelines*; Appendix F, *Unallowable State Expenses*; Appendix G, *Research Foundation Visa Application*; Appendix H, *Research Foundation Non-Travel Expense Form*; Appendix I, *Research Foundation Expense Form*.

PERSONAL REIMBURSEMENTS

All requests for personal reimbursements must include the following:

- a.) Completed and signed requisition
- b.) Justification for purchase and rationale for circumventing the policies of Campus Purchasing
- c.) Proof of payment (receipt, front/back of reconciled check, invoice, bank or credit card statement)
- d.) An individual may not authorize their own reimbursement.

The following items are not reimbursable expenses:

- a.) New York State sales tax
- b.) Alcohol purchases (on State accounts)
- c.) Any delivery made to an address other than an Upstate facility. Please refer to Upstate's policy CAMP F-08 (6.17)
- d.) Gifts (for State)
- e.) Any charges above and beyond the State per diem rate for business-related meals
- f.) Equipment (computers, tablets, printers) cannot be reimbursed.

For more information on shipping items to outside locations, please visit http://www.upstate.edu/policies/documents/intra/CAMP_F-08.pdf.

Please contact Campus Purchasing for any additional reimbursement clarifications.

MOVING EXPENSE REIMBURSEMENT

Moving expense reimbursement is an incentive (not a requirement) used to attract some employment candidates. Eligibility must be approved prior to the appointment of the employee and is contingent upon its necessity as an incentive for hire. All reimbursement is subject to Internal Revenue Service (IRS) tax guidelines and sponsor policy.

Eligibility: A person may be eligible for reimbursement if he or she is appointed for more than one (1) year to a full-time position (State and RF), a Research Foundation employee transferred to another location for the convenience of the Research Foundation or University.

No reimbursement for moving and travel expenses shall be made unless such reimbursement is approved by the appropriate appointing officer.

The following criteria must be met to reimburse moving expenses:

- 1.) The claim must be made within sixty (60) days of the effective date of the appointment.
- 2.) The items moved must be household and personal goods. Household and personal goods included reasonable items of furniture (couches, lamps), furnishings, clothing (including children's clothing), appliances, tools, and equipment (lawn mowers, etc.).
- 3.) (RF) The sponsor must allow the expenditure(s).
- 4.) The distance between the old and new place of employment must meet IRS standards.
- 5.) Total reimbursement for all moving expenses may not exceed 12,000 lbs.

Please note that when using State funds for moving expenses, you must use a New York State contract vendor. Contact Campus Purchasing for a list of approved vendors.

Reimbursable Expenses

The following moving expenses are reimbursable:

- 1.) Basic costs of loading, transporting, and unloading household and personal goods. Handling costs for such items as pianos, refrigerators, and freezers are also considered basic costs.
- 2.) (RF only) Storing and warehouse handling fees for household and personal goods. Expenses incurred for up to thirty (30) days for goods in-transit (maximum of 12,000 pounds).
- 3.) Transportation costs for the employee and family members. Expenses incurred by the employee and family in moving to the new location by the shortest highway route are reimbursed at the IRS mileage rate for moving expenses. Reimbursement is made at this rate for one automobile, regardless of the number owned or the actual methods of transportation used. The maximum claim for reimbursement for costs when a commercial carrier or rented commercial truck or trailer is not used is \$200.
- 4.) Packing and/or unpacking costs for household and personal goods.
- 5.) Lodging and meals.

Research Foundation – complete the *Moving Expense Reimbursement Request and Authorization Form*. Be sure to have the employee sign the authorization form. When using a commercial mover, include a cancelled check or original receipt from the mover, and an itemized invoice. Attach all original receipts and forms to a RF requisition.

State – Complete the *Moving Expense Agreement* (Form AC-1099). Attach receipt original or copy of the Bill of Lading or Freight Bill. If a NYS contract vendor has not been used, copies of three competitive bids must be included. Complete a Standard Voucher (Form AC-92), which provides a summary of the details of allowable expenditures. Attach all items to a State requisition.

INDEPENDENT CONTRACTORS

People who are in an independent trade, business, or profession in which they offer their services are generally independent contractors. However, whether these people are independent

contractors or employees depend on the facts in each case. Therefore, prior to engaging services, review will need to be made by Human Resources.

Please use the following steps when engaging services of an independent contractor:

- a.) Submit a completed Request for Advance Approval for Independent Contractor form to Human Resources, Jacobsen Hall;
- b.) Human Resources will either approve or deny the request and notify the requestor;
- c.) If approved (Research only), Human Resources will forward Advance Approval form to Sponsored Programs in order to review for any award restrictions;
- d.) After approval has been made, the requestor should submit a completed requisition to Campus Purchasing for the entire amount of the contractor agreement. Campus Purchasing will assign a purchase order number to be used throughout the contract term.

When hiring a lecturer, advanced approval is not needed, however the lecturer will need to complete a W-9 form. Please complete a requisition, attach the invoice for services, and include lecture backup documentation.

When engaging an independent contractor of foreign status, please contact Campus Purchasing for required IRS forms.

Downloadable forms are can be found at the following link [Independent Contractors](#) to the Human Resources website.

Honorariums

The department should have the speaker fill out the NYS Substitute Form W-9 before submitting the requisition for reimbursement.

For a copy of the substitute W-9 please visit:
http://www.osc.state.ny.us/vendors/forms/ac3237s_fe.pdf.

FREEZER/SUPPLY CENTER PROGRAMS

There are two supply centers located on campus in Weiskotten Hall. The centers will accommodate Researchers who need products for immediate use. The supply centers offer waived shipping charges, no hazard fees or dry ice charges, and reduced pricing.

Fisher Freezer Program: contains Promega, Takara, Fisher Bioreagents, Cellgro, and Eppendorf products. The freezer is located in Microbiology, WH 2262. You may call x4-9497 for a contact person.

To obtain products from the Fisher Freezer, drop off a completed and signed requisition to room 2262, and pick up the merchandise. No purchase order number is needed. The contact person will forward the requisition to Purchasing.

Bio-Rad Supply Center: Contains polymerases, reagents, enzymes, nucleic acids, detection kits, buffers, and stains. The supply center is located in Biochemistry, WH 4261.

Before utilizing the Bio-Rad Supply Center please create a user account by visiting [Bio-Rad Freezer](#) to obtain products from the Bio-Rad Supply Center, a purchase order number is required. The requisitioner should fax a completed and signed requisition to Campus Purchasing, x4-4599. Purchasing will contact the requisitioner with a purchase order number.

RETURNING AN ITEM

If an item must be returned for credit or exchange, contact Purchasing as soon as a problem is detected and relay all significant details, including:

- a) Purchase Order number
- b) Reason for return/exchange
- c) Company's packing list number or reference number.

PURCHASE OF EQUIPMENT

Evaluation of equipment requirements, including any installation, is required for all equipment purchases. Please complete [Form F81029, Request for Approval Equipment Technical Specification](#), and forward, along with the vendor's specs, to the appropriate department for review. The approved form must be attached to your requisition.

Form F81029 should be forwarded to the following departments for approval:

- a.) Physical Plant – All equipment purchases
- b.) Clinical Engineering – Any patient related equipment
- c.) IMT – Any equipment requiring communications technology
- d.) Radiation Safety Officer – Any equipment involving radioactive material

CAMPUS CONTRACTS

Campus Purchasing administers several University-wide contracts.

Lab Coat Service: Campus Purchasing coordinates and maintains a lab coat rental service. This service is available to any administrative personnel and staff. Departments interested in obtaining lab coat services should call x4-5720.

Outbound Air Freight Service: A special pricing agreement has been negotiated for outbound air express shipments. All State and Research Foundation funded departments, as well as medical service groups, are eligible to participate in the outbound air freight program, contact Sandra Mascari at x4-5480.

M/WBE DEVELOPMENT PROGRAM

It is the official policy of the State University of New York and Upstate Medical University to take affirmative action to ensure that minority and women-owned business enterprises (M/WBEs) are given the opportunity to provide goods and services at competitive prices. NYS, the Governor's Office and the SUNY Board of Trustees expects 30% of all purchases to be made with certified NYS Minority and Women owned businesses (M/WBE's), 15% MBE, 15% WBE.

Good Faith Effort

[NYS Executive Law Article 15-A](#) and University policy require campuses, and the vendors and contractors (vendors) with whom they do business, to make a good faith effort to procure materials, supplies, equipment and services (including printing) from NYS certified minority or women-owned businesses (M/WBEs) and meet University established goals for M/WBE participation in contracts.

Additional Elements of a Good Faith Effort for Discretionary Procurements (not exceeding \$200,000.00): SUNY Purchasing and Contracting policies & procedures state and consistent with NYS State Finance Law §163, where commodities or services are available from New York State certified M/WBEs, purchases may be made by the University in amounts not exceeding \$200,000 without competitive bidding. However, the discretionary threshold to \$200K for procurements from small, minority- and women-owned business does NOT apply to construction & construction-related services. The campuses are required to document in the procurement record support for both the reasonableness of the price and the selection of the vendor. Advertising requirements under NYS Economic Development Law still apply.

For more information regarding Upstate's M/WBE program please visit the Diversity Program's website: <http://www.upstate.edu/finance/mwbe/index.php>.

A database of certified M/WBE businesses is available through the NYS Contract System: <https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=4687>.

PREFERRED SOURCES (STATE FUNDS ONLY)

Organizations or agencies authorized to furnish commodities under preferred source legislation are:

[New York State Preferred Source Program \(NYSPSP\)](#)
[Department of Correctional Services Division of Industries \(CORCRAFT\)](#)
[New York State Industries for the Disabled \(NYSID\)](#)

All State agencies, political subdivisions and public benefit corporations (which includes most public authorities), are required to purchase approved products and services from preferred sources in accordance with the procedures and requirements. Purchases from preferred sources take precedence over all other sources of supply and competitive procurement methods.

APPENDICES

- Appendix A – Purchasing Thresholds
- Appendix B – Sole Source Form
- Appendix C – Radiation Safety Card
- Appendix D – State Visa Application
- Appendix E – State User Guidelines
- Appendix F – Unallowable State Expenses
- Appendix G – Research Foundation Visa Application
- Appendix H – Research Foundation Non-Travel Expense Form
- Appendix I – Research Foundation Expense Form

Campus Purchasing
Purchasing Thresholds Matrix

Requisitions:		Requisitioner Responsibilities:	Purchasing/Contracts Responsibilities:	
Up to \$5k	No advertising necessary General Purchase Limits	Justify selection of vendor Document reasonableness of price**	Workers' Compensation & Disability insurances	
Up to \$10k	No advertising necessary General Purchase Limits	Justify selection of vendor Document reasonableness of price** Single/sole source justification	Workers' Compensation & Disability insurances	Single/sole source justification
\$10k-\$15K	Advertising	Justify selection of vendor	Quarterly Contract Reporter ad	Single/sole source justification
	General Purchase Limits	Document reasonableness of price** Single/sole source justification	Workers' Compensation & Disability insurances	
\$15k-\$20K	Advertising General Purchase Limits	Justify selection of vendor Document reasonableness of price** Single/sole source justification	Quarterly Contract Reporter ad State Finance Law 139/Governement Entity Rep Public Officers Law Vendor responsibility profile Non-collusion certificate Workers' Compensation & Disability insurances	Single/sole source justification
\$20k-\$25K	Advertising General Purchase Limits	Solicit three (3) quotes Justify selection of vendor Document reasonableness of price** Single/sole source justification	Quarterly Contract Reporter ad Solicit three (3) quotes Justify selection of vendor Document reasonableness of price** State Finance Law 139/Governement Entity Rep Public Officers Law Vendor responsibility profile Non-collusion certificate Workers' Compensation & Disability insurances	Single/sole source justification
\$25K-\$50K	Advertising General Purchase Limits	Solicit three (3) quotes Justify selection of vendor Document reasonableness of price** Single/sole source justification	M/WBE goals Quarterly Contract Reporter ad Solicit three (3) quotes Justify selection of vendor Document reasonableness of price** State Finance Law 139/Governement Entity Rep Public Officers Law Vendor responsibility profile Non-collusion certificate Workers' Compensation & Disability insurances	Single/sole source justification
\$50k-\$125K	Advertising General Purchase Limits	Solicit three (3) quotes Justify selection of vendor Document reasonableness of price**	Individual Contract Reporter ad* M/WBE goals Solicit three (3) quotes Justify selection of vendor Document reasonableness of price** State Finance Law 139/Governement Entity Rep Public Officers Law Vendor responsibility profile Non-collusion certificate Workers' Compensation & Disability insurances OGS approval (for Preferred Source)	Single/sole source exemption from OSC Contract Reporter ad for exemption Exemption award placed on Upstate's website OR Complete procurement checklist Document reasonableness of price** State Finance Law 139/Governement Entity Rep Public Officers Law Vendor responsibility profile Non-collusion certificate Workers' Compensation & Disability insurances
\$50-\$200K (M/WBE & NYS small business)***	Advertising General Purchase Limits	Solicit three (3) quotes Justify selection of vendor Document reasonableness of price**	Individual Contract Reporter ad* M/WBE goals Solicit three (3) quotes Justify selection of vendor Document reasonableness of price** State Finance Law 139/Governement Entity Rep Public Officers Law Vendor responsibility profile Non-collusion certificate Workers' Compensation & Disability insurances OGS approval (for Preferred Source)	Single/sole source exemption from OSC OR Contract Reporter ad for exemption Exemption award placed on Upstate's website Complete procurement checklist Document reasonableness of price** State Finance Law 139/Governement Entity Rep Public Officers Law Vendor responsibility profile Non-collusion certificate Workers' Compensation & Disability insurances
\$125k-\$250K	Advertising General Purchase Limits	Provide specifications Provide list of vendors to be solicited	Individual Contract Reporter ad* M/WBE goals	Single/sole source exemption from OSC OR Contract Reporter ad for exemption
			Must solicit min. of five (5) sealed formal bids/proposals Complete procurement checklist Document reasonableness of price** Workers' Compensation & Disability insurances State Finance Law 139/Governmental Entity Rep Public Officers Law Vendor responsibility profile Non-collusion certificate Record of Contact log Bid tabulation Contract OGS approval (for Preferred Source) <i>Note: Other requirements may be necessary depending on IFB/RFP</i>	Exemption award placed on Upstate's website Complete procurement checklist Document reasonableness of price** Workers' Compensation & Disability insurances State Finance Law 139/Governmental Entity Rep Public Officers Law Vendor responsibility profile Non-collusion certificate Record of Contact log Bid tabulation Contract AG/OSC approval++
Over \$250k	Advertising General Purchase Limits	Provide specifications Provide list of vendors to be solicited	Individual Contract Reporter ad* M/WBE goals Minimum of five (5) sealed formal bids/proposals Complete procurement checklist Document reasonableness of price** Workers' Compensation & Disability insurances State Finance Law 139/Governmental Entity Rep Public Officers Law Vendor responsibility profile Non-collusion certificate Record of Contact log Bid tabulation Contract AG/OSC approval++ OGS approval (for Preferred Source) <i>Note: Other requirements may be necessary depending on IFB/RFP</i>	Single/sole source exemption from OSC OR Contract Reporter ad for exemption Exemption award placed on Upstate's website Complete procurement checklist Document reasonableness of price** Workers' Compensation & Disability insurances State Finance Law 139/Governmental Entity Rep Public Officers Law Vendor responsibility profile Non-collusion certificate Record of Contact log Bid tabulation Contract Upstate signatory approval (Sr. Admin. level) AG/OSC approval++

Commodities, Printing, Construction and Construction-related **(Construction and construction-related procurements should be discussed in advance with Facility Design)** : requires same formal competitive bidding process, number of sealed bids and Procurement checklist, Campus Procuremnet Certification (signed by Sr. Admin.) must be sent to SUNY Systems Admin. Via Confluence, no AG or OSC apapproval is needed.

Non Construction-related Services: requires same formal competitive bidding process, number of sealed bids and Procurement checklist, Campus Procuremnet Certification (signed by Sr. Admin.) must be sent to SUNY Systems Admin. Via Confluence, approval of contract by AG and OSC .

*Contract Reporter ad must run for a minimum of fifteen (15) business days.
**Reasonableness of price can be another vendor's quote, purchases made by other State agencies, historical cost, manf. cost plus profit, better or equal to pricing provided to another government agency, etc.
***New York State Finance Law allows for a discretionary threshold up to \$200,000 for purchases from business certified pursuant to Article 15-A and NYS small businesses.
++Attorney General and State Comptroller's approval is required for services only; commodities do not require approval.

SINGLE/SOLE SOURCE FORM

THIS FORM IS TO BE SUBMITTED WITH ANY PURCHASE REQUESTION THAT EXCEEDS AN AGGREGATE VALUE OF \$5,000 WHERE COMPETITIVE BIDS HAVE NOT BEEN SOLICITED (OR ARE NOT AVAILABLE)

CHECK THE APPROPRIATE BOX AND ATTACH ADDITIONAL DOCUMENTATION AS REQUIRED

Vendor Name: _____ Department Name: _____

Please check the appropriate justification(s) below which exempt formal competition:

1. ☐ Product or service is available from only one vendor.
2. ☐ Performance or price competition is not available.
3. ☐ Competition has been solicited but no satisfactory offers have been received.
4. ☐ Standardization or compatibility is the overriding consideration.
5. ☐ Personal or particular professional services are required.
6. ☐ Additional products or services are needed to complete an ongoing job or task.
7. ☐ Particular product or service is desired for educational, training, developmental, or research work.
8. ☐ Items are subject to rapid price fluctuation or immediate acceptance.
9. ☐ Used, reconditioned, or demonstration equipment available at lower-than-new cost.
10. ☐ Emergency action is necessary.
11. ☐ Other – please provide specific information and circumstances in justification below.

Detailed justification: (please elaborate on your justifications designated above by providing specific details)

Fair and/or reasonable price analysis: (describe or attach any communication with other sources contacted or used to determine that the cost is reasonable)

Certification: I certify that the above statements are accurate and that this requested procurement does not violate Upstate's Conflict of Interest Policy.

Signature: _____ Date _____
Principal Investigator/Campus OM or Designee

RADIOACTIVE MATERIALS PURCHASE ORDER CLEARANCE FORM

This form must accompany all purchase requisitions for Radioactive Materials.
Both forms must first be sent to the Radiation Safety Office at University Hospital..

Nuclide

Total Activity

Chemical Form

Licensee Signature: _____

License#: _____ Date: _____

R. S. O. Signature: _____
(R. S. O., Deputy, Delegate)**NOTE TO PURCHASING:**

Please complete and return to the
Radiation Safety Office.

PO#: _____

Delivery Date: _____

Vendor: _____

Purchasing Agent Signature: _____

Received by: _____ Date: _____

R. S. O. #: _____

UPSTATE MEDICAL UNIVERSITY PROCUREMENT CARD APPLICATION

Your use of the State University of New York Citibank Visa Procurement Card is subject to the following terms and conditions. You must follow the policies and procedures established by New York State for use of this credit card. Failure to do so may result in the revocation of your user privileges or other disciplinary action, which could include termination of employment.

You are being entrusted with a valuable tool - a NYS Citibank Purchasing Card – which is to be used for official business only. You will be making a financial commitment on behalf of the State and SUNY. **You must strive to obtain the best value for the State and SUNY by following established purchasing policies as appropriate.**

NYS Citibank Purchasing Cards are the property of New York State. You must return your card immediately upon request or upon termination of employment or retirement. Should there be any change in your employment status you must return this card and arrange to have a new card issued, if necessary.

You may use this card for authorized State transactions only. **You may not use this card for personal charges. Upstate Medical University and the Office of the State Comptroller will audit the use of your card and take appropriate action on any discrepancies or unauthorized charges. Any evidence that your card has been used fraudulently will require an investigation, after which disciplinary action may result.**

You will receive information on the proper use and reconciliation process prior to being issued your Citibank Visa Procurement card. Training sessions can be arranged for assistance on reconciliation.

If your card is lost or stolen, you must notify your agency's Card Program Administrator and Citibank immediately.

You must comply with any changes to the terms and conditions or policies and procedures concerning the use of this credit card.

You are required to certify your monthly statement on SUNY/AEPC and send a copy of your bill with all receipts and justifications attached to the Program Administrator , Campus Purchasing , SLC 2043 each month in a timely manner.

Name: _____ Your Social Security No: _____

Location: _____ Phone: _____ E-Mail: _____

Signature: _____ Date: _____

Part II

As _____ supervisor I acknowledge that I am responsible to ensure that
(enter name of employee/applicant)
the employee abides by the conditions and terms that have been established by New York State and Citibank. I am responsible for taking appropriate action in situations involving misuse of the Procurement Card. I am responsible for canceling the Procurement card if the Cardholder is terminated for any reason or if any misuse or fraud is identified. I am responsible for making certain that any reports I receive are checked for accuracy.

Director's Name: _____

Department: _____

Director's Signature: _____ Date: _____

Default Dept Account for Charges: _____ Additional Accounts to Access (if any):

Dept Fiscal Authority Signature (if different than supervisor) _____

Procurement Card Limits:

Per Transaction Limit \$ _____ (not to exceed \$2,500) Monthly Limit \$ _____
(Required) (Optional)

Return completed application with all required signatures to:

Michele Khasidis Campus Purchasing, SLC 2039

For Purchasing Use Only:

Procurement Card Administrators Signature: _____

Procurement Card Status:

() APPROVED Date: _____ Card request Date: _____ Card Received Date: _____
() DISAPPROVED

Reason for disapproval: _____

VISA PROCUREMENT CARD USER'S GUIDE

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Campus Purchasing

VISA PROCUREMENT CARD

HIGHLIGHTS OF THE PROCUREMENT CARD PROGRAM:

- Cannot be used for Travel
- To be used for purchases on STATE accounts only
- Receive your items more timely than under traditional procurement process
- Cost effectiveness when paying by credit card versus state check. According to a recent study by the National Association of State Comptrollers (NASC), savings related to procurement card use ranges from \$24 to \$75 per transaction. A similar study conducted by a commercial procurement card vendor estimates it costs \$67 to process a voucher compared to \$11 with a procurement card — a savings of \$56 per transaction. Using the lowest reported savings estimate, \$24 per transaction, the University saved approximately \$2.3 million in the 2004/05 fiscal year.

IMPORTANT DETAILS:

- Don't lend your Procurement Card or give the number to anyone. Know where your card is. Keep it in a secure place.
- Goods/services are not to be received at the cardholders home address. All items must be received at the Central Receiving location.
- Do not share any passwords related to your card or the online certification.
- Check to see that your budget account has sufficient funds to cover your purchases.
- An individual transaction cannot exceed \$2500. Do not split order.
- Report lost or stolen cards immediately to Citibank Visa and your Program Administrator.

FOR ASSISTANCE WITH:

- Applying for a new card
- Reconciliation Training
- Vendors to purchase from
- Unallowable charges
- Credit Card Discrepancies

Contact: Michele Khasidis Program Administrator phone: 315-464-4598
email: khasidim@upstate.edu

VISA CARD – How To's

How to activate card-

Please follow the instructions sticker on the front of your credit card. Your card is not active for purchases until this is complete.

Once you activate your card, you can begin to make purchases.

How to Create your Citibank Profile-

Please complete this step to allow access to download and print your monthly statement. This website will not be used for the actual reconciliation. **If you have issues with your username or password, you will need to contact Citibank direct @ 1-888-836-5011 option 1 then option 2 . The Program Administrator does not have access to this website.**

Create Your Citibank Online User account-

Go to:

<https://home.cards.citidirect.com>

This will bring you to the Citi Commercial Cards System. .

FIRST TIME USERS:

Click on the link "Self Registration for Cardholders".

Click on "Fill in the card data" option.

Enter your 16-digit card number with no spaces or dashes.

Enter your name as it appears on the card – if you use a middle initial, please do not use punctuation after that initial. PLEASE USE ALL CAPS FOR YOUR NAME.

Address information: **750 East Adams St** **Town = Syracuse** **Zip = 13210**

NOTE: If you are not sure of the address, please send me an email and I will verify it for you. The address must match what I have entered into the application module.

Hit CONTINUE.

On the second screen you will be asked to create a username and password.

On the bottom of the screen, you will be asked to answer a Helpdesk Verification question. Please enter your last 4 digits of your social security #. If you need to call the Citibank helpdesk for anything, you will need to supply them with this information.

Hit CONTINUE. Confirm the details and hit CONFIRM. Then click OK.

You should be self registered now. If you are still having problems, call the Citibank Online Support Help Desk at 1-888-836-5011, choose option 1 then option 2. You will be able to talk to a customer service representative.

How to make purchases:

- 1) **Locate item your are purchasing-** You are encouraged when possible to utilize:

Preferred Source Vendors: <http://www.corcraft.org/> www.nyspsp.org <http://www.nysid.org/>

NYS Contracts (<http://www.ogs.ny.gov/Purchase/Search/default.asp>)

Minority/Women Vendors:

<https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=4687>

****Please keep a record of price reasonableness to justify vendor if not using one of the above sources. Include all vendor quotes as backup. – (contact appropriate Purchase Associate at ext 5720 if you need assistance)****

2) **ORDER Online/ Phone in-** Verify that vendor accepts VISA payment. For best practices, please use your credit card over a secure website, or by phone with the company. Emailing of credit card information is not an acceptable method.

3) **NYS is tax exempt.** When making purchases, verify that tax is not included. Our tax exempt # is : 14740026K. A tax exempt form is included with your packet should a vendor request one. A separate tax exempt form will need to be used for each vendor that request one.

4) **Amazon Orders-** For purchases that are not available with Preferred Source, NYS Contract, or Minority/Women Vendors, and placed with Amazon, the tax will need to be removed. To set up your account for tax exempt please follow the instructions below-

- 1) Go to your Amazon account settings-click on Amazon Tax Exemption Program to upload your tax exempt form for the current fiscal year. (Example form below) For a fillable Exempt form go to :http://www.osc.state.ny.us/Agencies/forms/ac946_f.pdf

TO BE RETAINED BY VENDOR AS EVIDENCE OF EXEMPT SALE

TAX EXEMPTION CERTIFICATE

AC 946 (Rev. 3/99)

STATE OF NEW YORK
For use only by the State of New York or its political subdivisions.

AMAZON.COM LLC Name of Person or Firm Furnishing Services and/or Materials Date.....

Address.....

This is to certify that I am an employee of the State of New York or one of its political subdivisions; that the services or materials purchased on the date set forth below will be paid for by the State or a political subdivision, and that such charges are incurred in the performance of my official duties.

NYS PURCHASES

Nature of Transactions.....

Dates of Transactions 7/1/2013-6/30/2014

State Dept., Agency or Political Subdivision SUNY Upstate Medical University Exempt#14740026K

Signature of Employee.....

Title.....

NOTE: A separate exemption certificate is required from each person claiming exemption.

Enter current date

Account user will need to sign and enter their title.

2) Place order with Amazon (please use Amazon.com as seller versus Marketplace resellers- using Marketplace resellers require a different method to recover the tax cost)

3) Amazon will only address the credit for tax AFTER the shipment has been made. Once you have received confirmation that your item has shipped, contact Amazon by email: tax-exempt@amazon.com **Subject line:** tax exempt purchase. **In Email:** "Please credit my VISA account \$ x.xx for tax charged against order number# (17 digits in this format: XXX-XXXXXXX-XXXXXXX). My tax exempt information is on file."

4) Amazon will email you stating they have credited the account. If Amazon uses a reseller to ship the product they will let you know that the tax request will need to be made to the seller directly and not Amazon.com. Amazon will give you the contact information for the reseller.

5) Verify on your statement that Amazon has credited the tax back. (Note: We have 60 days from the date of the original Citibank statement to dispute charges.)

How to Receive Goods: When placing your order, please have the vendor put on the shipping label & packing slip: **VISA**. This can be included as part of the ship to address for Example:

SUNY UPSTATE MEDICAL UNIV.
Receiving Dept
117 Monroe St
VISA-M. Khasidis SLC 2043
Syracuse, NY 13210

How to Reconcile:

Reconciling charges- Each cardholder will be responsible for reconciling their card promptly each month. Included in this guide are detailed instructions for reconciling. A reconciliation email will be sent around the 10th of each month from the Program Administrator. This email will contain the billing cycle date you must use to reconcile your charges as well as the deadline date for your reconciliation. You will need to print out your Citibank statement every month for your records and for submission with your packets to the Program Administrator. PLEASE NOTE: **Your Citibank monthly statement will need to be reviewed and signed by your Supervisor. Please send the original signed statement with your packet for submission.**

How to report a lost/stolen Card:

CARDHOLDERS RESPONSIBILITY

Any lost or stolen Purchasing Cards must be reported immediately to CITIBANK VISA, 1-800-248-4553. The cardholder should be prepared to give their name exactly as it appears on the face of the card, the account number, the card's expiration date, and a brief explanation surrounding the loss. Cardholders must promptly report lost or stolen account numbers and cards to Citibank and also email the Program Administrator at khasidim@upstate.edu. The Customer Service Center is staffed 24 hours a day, 7 days a week, every day of the year to accept calls from Cardholders reporting lost or stolen cards. Subsequently, a replacement card with a new account number will be sent to the Cardholder. Cards reported lost or stolen are immediately blocked from accepting additional charges. If unauthorized charges have occurred, they should be disputed.

CITIBANK VISA RESPONSIBILITY

CITIBANK VISA will take immediate action to cancel the card reported lost or stolen. CITIBANK VISA will initiate steps to issue a replacement card within 48 hours. The replacement card will be sent to the Program Administrator.

PROGRAM ADMINISTRATOR RESPONSIBILITY

Upon receipt of the new card, the Program Administrator will record the receipt of the replacement card and the Program Administrator will then release the replacement card to the cardholder.

How to Dispute a charge:

Cardholders should ensure all items are received in satisfactory condition and dispute any items not received. The Cardholder should attempt to resolve disputes or billing errors directly with the vendor and notify Citibank if the dispute or billing error is not satisfactorily resolved. If the Cardholder cannot resolve a dispute with a vendor or there is a charge that is unauthorized or unrecognized on the Cardholder's Citibank statement, the Cardholder may dispute the charge.

Cardholders can dispute charges by phone or online. Any dispute must be done *within 60 days of the statement date*. Citibank will investigate the dispute on the cardholder's behalf and assist in the resolution. Citibank will issue a temporary credit pending final resolution.

By Phone- Cardholder may initiate a dispute with Citibank by calling the Customer Service at 1-800-248-4553.

Online- Following are the steps needed to access and complete the dispute form on the CitiDirect On-Line system:

1. Access the electronic statement containing the transaction being disputed
2. Click "Option" next to the transaction item you wish to dispute
3. Click "Dispute". The "Dispute Transaction" form appears
4. Scroll to the bottom of the "Dispute Form" window. Click "Print" and then "OK"
5. After the form has been printed, place an "X" in the bracket located to the left of the reason for your dispute. Sign, date, and fax the form along with any necessary documentation to Citibank at 605-357-2019 for investigation and resolution.

Printing your Monthly CITIBANK Statement-

Available after the 6th of each Month

- Website: <https://home.cards.citidirect.com/CommercialCard/Cards.html>
- Enter the username and password you created during the self-registration process and hit LOGIN.
- If you forgot your username and/or password, use the appropriate link OR customer service can assist you by calling 1-800-248-4553.

Viewing/printing Online Statements

- After signing on to the Citi Commercial Cards System you are ready to get started.
- Click on the red button that says “View Statements”.
- From there, you can either use the print button on the right of the page, then hit print again when prompted.

OR

- You can hit the download button for a larger print.

KEEP THIS STATEMENT UNTIL YOU ARE READY TO RECONCILE. PRINT 2 COPIES- ONE FOR Program Administrator and ONE FOR YOUR DEPARTMENT. VERIFY THAT ALL CHARGES MATCH YOUR RECORDS. SUNY UPSTATE HAS 60 DAYS TO DISPUTE FROM DATE OF INVOICE.

SUNY Reconciliation Instructions

- Connect to Upstate's internal home page (ipage) Click on the **Administrator/Manager** Tab and select : **SUNY PORTAL**
- You will see the **SUNY SECURE Sign On**
- Select the following- Your Campus- Select : **Upstate Medical**
- Enter your GroupWise User ID:
- GroupWise Password:
- click **Login**.
- Go to the E-Business Services tab and select Webconnect. Click on "[Connect to System Administration](#)".
- **/Run program** to all the screens until you get to a black screen that says "Connecting to OC://Webconnect Pro Server". You can make this screen bigger.
- Press the **F9** key to get to the menu.
- Choose the SUNY System Administration Online option. Enter **1** next to select and hit **enter** .
- You will get a screen that says CICS. Hit **pause/break** key. On the blank screen type **scso** and hit **enter**.
- Type in the following information into the security sign-on screen:
 - Organization type: **su**
 - User ID: **(This will be assigned by Accounting)**
 - Password:
 - Job Function: **(This will be assigned by Accounting)**
- Hit **enter**.
- The next screen will give you messages, if any, that pertain to the SUNY mainframe system or System Administration offices. Hit the **pause/break** key to get another blank screen and type **aepc** and hit **enter**.



*****IMPORTANT***** -- This is the main menu screen. **Change** the billing cycle to the correct date before continuing. (Example- For billing statement ending on 11/4/13, we would use 1013 as the billing cycle date.) A reminder email for the bill cycle date will be sent each month prior to reconciliation.

NEXT STEP- Follow instructions based on accounts being charged. If charging default account (account the card was set up on) follow instructions for Default Account. If charging other accounts, follow instructions for charges belonging to another account. If you need assistance, contact Program Administrator.

INSTRUCTIONS FOR CHARGES THAT ARE YOUR DEFAULT ACCOUNT

(If you are reconciling for any other account that is not your default, you must use the instructions on page 9- Reconciling for Another Account)

- **View and Print your Charge Logs: VI03:**
 - This is Optional- You do not have to print the charge Logs
- Tab to: **VI03 – Log List**
- Click: **Enter**
- **Place x** next to your credit card account# if you have more than one card on file.
- Department can choose to Print- Click- File/ Print (keep for your records)
- View the charges to make sure they are correct and match your Citibank Statement.
- Department can choose to Print- Click- File/ Print (keep for your records)
- Type next to A=> **R** (to return to main menu screen)

- Reconciling Charges Default Account-

From the main menu

- **Verify that the bill cycle date is correct (This you would change on the main menu screen)**
- **Tab** to VI02 – Reconciliation/Certification
- **Tab & Place x** next to your credit card account#, hit **enter**
- Type **S** next to F=> and **C** next to A=>.
- Hit **enter** then hit **enter** again to complete transaction.
- Type **C** next to F=>, and **E** next To A hit **enter**, **STOP**, print the screen (**2 copies**) (should show certified on (date) and by: (username) hit **enter** again after printing. This is your certification page and will be submitted to the Program Administrator as part of your VISA packet. Keep a copy for your records as well.
- Make sure your name and date are filled in AND the bottom of the screen reads **“TRANSACTION COMPLETED”**. If not, keep hitting **enter** until it does.

To log off the system: Hit **pause/break** to get a blank screen and type **off**.

INSTRUCTIONS FOR CHARGES THAT BELONG TO ANOTHER ACCOUNT or TO CHANGE THE SUB OBJECT CODING.

View and Print your Charge Logs: VI03:

This is Optional- You do not have to print the charge Logs

- Tab to: **VI03 – Log List**
- Click: **Enter**
- **Place x** next to your credit card account# if you have more than one card on file.
- Department can choose to Print- Click- File/ Print screen (keep for your record.)
- View the charges to make sure they are correct and match your Citibank Statement.
- Type next to A=> **R** (to return to main menu screen)

-Reconciling Charges belonging to another account/or to change SUB OBJECT:

- **Verify that the bill cycle date is correct** (This you would change on the main menu screen)
- From the menu screen **tab** to **VI03 – Log List** and hit **enter**.
- **Place x** next to your credit card account#.
- **Tab** to the item that needs to be charged to another account. Type **X** next to that transaction and hit **enter**.
- Change the charge amount on the first line to **0.00**. {delete the rest of the numbers in that field}
- Tab to the next line and **enter the correct account #, fiscal year (two digit year) four digit Sub Object code** (for a listing of codes, contact the VISA Administrator) **and dollar amount to charge** NOTE: you can enter more than one account number here – follow the same steps until you have reached the total of this transaction.
- Type **S** next to F=> and **R** next to A=>, hit **enter** and then **enter** again to complete the transaction.
- Continue this process until all charges have been charged correctly.
- **Go back to the main menu** by typing an **X** next to F=> and **E** next to A=> and hit **enter**.

DO NOT GO TO VI02 UNTIL YOU HAVE CHANGED ALL CHARGES IN VI03 LOG LIST THAT NEED TO BE CHANGED. ONCE YOU CERTIFY IN VI02 YOU CANNOT CHANGE THE ACCOUNT #. A JOURNAL TRANSFER WILL NEED TO BE DONE IF YOU DO NOT CHANGE AN ACCOUNT # THAT NEEDED TO BE PRIOR TO CERTIFYING IN VI02.

- **Tab** to VI02 – Reconciliation/Certification
- Type **S** next to F=> and **C** next to A=>.
- Hit **enter** then hit **enter** again to complete transaction.
- Type **C** next to F=>, and **E** next To A hit **enter**, **STOP**, print the screen (2 copies) (should show certified on (date) and by: (username) hit **enter** again after printing. This is your certification page and will be submitted to the Program Administrator as part of your VISA packet. Keep a copy for your records as well.
- Make sure your name and date are filled in AND the bottom of the screen reads **“TRANSACTION COMPLETED”**. If not, keep hitting **enter** until it does.

To log off the system: Hit **pause/break** to get a blank screen and type **off**.

Packets to submit to VISA Program Administrator

After you have reconciled, please submit your packets by the 25th of each month to:

Michele Khasidis VISA Program Administrator SLC 2043.

*Your packet will be audited by the Program Administrator for completeness and kept on file.
Please note that the Office of State Comptroller can audit SUNY Upstate for VISA charges *

Packets to be sent to Program Administrator:

In the following order:

- 1) Certification Page (Step 2 of reconciliation instructions)
- 2) Reviewed and signed by Supervisor –Citibank Statement
- 3) All ***original*** receipts/invoices/ packing slips for each item

*****Only submit one packet*****

Packets to keep for your records:

For all monthly certifications, please keep a copy on file:

- 1) Certification Page
- 2) Citibank Statement
- 3) Receipts/invoices (copies)

**Citibank® Commercial Cards
Cardholder Dispute Form**

Inquirer's Name: _____ Date: _____

Cardholder's Name: _____

Account Number: _____

Cardholder: Please provide a copy of any information / forms requested below along with the statement where the disputed charge appears and send via fax or mail to:

FAX TO: 605-357-2019

OR

MAIL TO: Citibank® Commercial Cards
701 E. 60th ST. N Mail Code 3270
P.O. BOX 6125
Sioux Falls, S.D. 57117

This form must be filled out completely and forwarded to Citibank and appropriate Agency Officials (as determined by your internal procedures) within 60 calendar days of the disputed charges' posting date so that we may investigate.

Transaction Date: _____ Dollar Amount of Charge: \$ _____

Merchant: _____

Cardholder Signature: _____

Please read carefully each of the following descriptions and check the one most appropriate to your particular dispute. If you have any questions, please contact us at 1-800-248-4553 (overseas call collect, 904-954-7850). We will be more than happy to advise you in this matter.

- **UNAUTHORIZED TRANSACTION**
[] I have not authorized this charge to my account.
- **DUPLICATE PROCESSING—THE DATE OF THE FIRST TRANSACTION WAS _____.**
[] The transaction listed above represents a multiple billing to my account. I only authorized one charge from this merchant for this amount. My card was in my possession at all times.
- **MERCHANDISE OR SERVICE NOT RECEIVED IN THE AMOUNT OF \$ _____.**
(Please provide a separate statement detailing the merchant contact, and the expected date to receive merchandise.)
[] My account has been charged for the above transaction, but I have not received the merchandise or service. I have contacted the merchant but the matter was not resolved.
- **MERCHANDISE RETURNED IN THE AMOUNT OF \$ _____.**
(Please provide a separate statement detailing the merchant contact, and the expected date to receive merchandise.)
[] My account has been charged for the above listed transaction, but the merchandise has since been returned.
****Enclosed is a copy of my postal or UPS receipt.****
- **CREDIT NOT RECEIVED**
[] I have received a credit voucher for the above listed charge, but it has not yet appeared on my account. A copy of the credit voucher is enclosed.
- **DIFFERENCE IN AMOUNT**
[] The amount of this charge has been altered since the time of purchase. Enclosed is a copy of my sales draft showing the amount for which I signed. The difference of amount is \$ _____.
- **COPY REQUEST**
[] I recognize this charge, but need a copy of the sales draft for my records.
- **SERVICES NOT RECEIVED: Please enclose a separate statement with the date of the merchant contact and response.**
[] I have been billed for this transaction; however, the merchant was unable to provide the services.
[] Paid for by another means. My card number was used to secure this purchase; however, the final payment was made by check, cash, or another credit card. [Enclosed is my receipt, canceled check (front and back), copy of credit card statement, or applicable documentation demonstrating that payment was made by other means.]
- **NOT AS DESCRIBED**
[] The item(s) specified do not conform to what was agreed upon with the merchant. (The cardholder must specify what goods, services, or things of value were received. The cardholder must have attempted to return the merchandise and state so in his/her complaint.)
- **If none of the above reasons apply:**
Provide a complete description of the problem, attempted resolution and outstanding issues. Use a separate sheet of paper and sign and date your description statement.

SUNY Upstate Medical's Unallowable VISA Card Charges and SUNY Exclusions

- Computers
- Printers
- EBAY
- Food/Restaurants
- Gifts and Gift Cards (retirement, birthday, award plaques/trophies, etc.), flowers, fruit baskets
- Payments to Employees or Non-Employees (consultants/guest speakers)
- Charitable donations or political contributions

Purchase Card MCC Template for Exclusions Template Name SNY

MCC Description	MCC #
Airline	3000-3299,4511,4582,4722,4723,4761
Lodging	3501-3799,7011
Car Rental	3351-3441,7512
Steamship & Cruise Lines	4411
Money Transfer-Merchant	4829
Precious Stones & Metals	5094
Mobile Home Dealers	5271
Duty free stores	5309
Motor Home Dealers	5592
Furs and Furriers	5681
Package Stores-Beer, Wine & Liquor	5921
Antique Shops	5932
Pawn Shops	5933
Antique Reproduction Stores	5937
Jewelry	5944
Fin. Institutions-Manual Cash Disbursements	6010
Fin. Institutions-Automated Cash Disbursements	6011
Member Fin. Institutions-Merchandise & Svcs	6012
Quasi Cash-Member Financial Institutions	6050
Quasi Cash-Merchant	6051
Remote Stored Value Load	6529-6530
Payment Service Provider	6531-6533
Money Transfer-Member Financial Institution	6534
Value Purchase -Member Financial Institution	6535
Savings Bonds	6760
Time shares	7012
Funeral Services & Crematories	7261
Dating/Escort Services	7273
Tax Preparation Service	7276
Counseling service-debt, marriage, personal	7277
Massage Parlors	7297
Health and Beauty spas	7298
Golf Courses	7992
Video Amusement game supplies	7993
Betting Facilities	7995
Country Clubs	7997
Dentists & Orthodontists	8021
Child Care Services	8351
Court Costs incl. Child Support	9211
Fines	9222
Bail & Bond Payments	9223
Tax Payments	9311
Food Stamps	9401
Automated Referral Services	9700

TO BE RETAINED BY VENDOR AS
EVIDENCE OF EXEMPT SALE**TAX EXEMPTION CERTIFICATE**STATE OF NEW YORK
For use only by Employees of the State of New York
or its political subdivisions.

		Date
Name of Person or Firm Furnishing Services and/or Materials		
Address		
This is to certify that I am an employee of the State of New York or one of its political subdivisions; that the services or materials purchased on the date set forth below will be paid for by the State or a political subdivision; and that such charges are incurred in the performance of my official duties.		
Nature of Transactions	NY State Purchase	
Dates of Transactions	 Signature of Employee
State Dept., Agency or Political Subdivision	SUNY Upstate Medical University - EX-14740026K Title

NOTE: A separate exemption certificate is required from each person claiming exemption.

Monthly Checklist

For each month that you have charges and or / credits:

- ☐ Printed Citibank Credit Card Statement
- ☐ Citibank Statement has been Reviewed & Signed by Supervisor
- ☐ Certified Charges in AEPC. (SUNY Mainframe System @ www.suny.edu)
- ☐ Printed your certification Page (refer to Reconciliation Instructions for printing)
- ☐ Attached & Secured Itemized Invoices & Receipts for each of the charges/credits as shown on your Citibank Statement.
- ☐ Provided Backup, justification, and/ or necessary approval for those charges that require it.
- ☐ Confirmed Sales Tax has not been charged.
- ☐ If sales tax has been charged- cardholder has notified vendor to process a credit to the VISA card. Note on log or next to tax amount on the invoice that a credit has been requested. Verify on next statement that credit has been applied.
- ☐ Submit packet to Program Administrator (Certification page, Signed Citibank Statement, Back up Documents-all *ORIGINAL*- invoice/receipts, and any justifications/approvals.

Purchase Card MCC Template for Exclusions**Template Name SNY**

MCC Description	MCC #
Airline	3000-3299,4511,4582,4722,4723,4761
Lodging	3501-3799,7011
Car Rental	3351-3441,7512
Steamship & Cruise Lines	4411
Money Transfer-Merchant	4829
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Package Stores-Beer, Wine & Liquor	5921
Antique Shops	5932
Pawn Shops	5933
Antique Reproduction Stores	5937
Jewelry	5944
Fin. Institutions-Manual Cash Disbursements	6010
Fin. Institutions-Automated Cash Disbursements	6011
Member Fin. Institutions-Merchandise & Svcs	6012
Quasi Cash-Member Financial Institutions	6050
Quasi Cash-Merchant	6051
Remote Stored Value Load	6529-6530
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Value Purchase –Member Financial Institution	6535
Savings Bonds	6760
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Funeral Services & Crematories	7261
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Tax Preparation Service	7276
Counseling service-debt, marriage, personal	7277
Massage Parlors	7297
Health and Beauty spas	7298
Golf Courses	7992
Video Amusement game supplies	7993
Betting Facilities	7995
Country Clubs	7997
Dentists & Orthodontists	8021
Child Care Services	8351
Court Costs incl. Child Support	9211
Fines	9222
Bail & Bond Payments	9223
Tax Payments	9311
Food Stamps	9401
Automated Referral Services	9700

VISA Card Application & Agreement for Sponsored Grants
(NOT Medical Services Groups)

TO: SPONSORED PROGRAMS, 209 CAB

CARD REQUESTED FOR: _____

PRINCIPAL INVESTIGATOR: _____

PHONE NUMBER: _____

DATE: _____

PROJECT NUMBER(s) which this individual may charge against:

The undersigned, in applying for a Research Foundation **VISA** Card, agrees to the following terms and conditions:

1. All **VISA** Card purchases shall be limited to travel , memberships, registrations, subscriptions, meeting expenses (including all meals), and small dollar purchases, as allowable per the grant. The card cannot be used for equipment including computers, equipment repairs, consultant fees and expenses, or service agreements. (contact the Travel office at x4977 or x4978 for more information on Travel)
Use of **VISA Card for personal expense is expressly prohibited.**
2. Each individual purchase shall not exceed \$2,500 and total expenditures may not exceed \$5,000 per monthly billing cycle.
3. The cards will be issued in the individual's name and there will be a maximum of one card per individual. The Principal Investigator will be responsible for indicating (above) which grants may be charged against by the individual. **CARDS ARE TO BE USED BY CARDHOLDERS ONLY.** Use of **VISA** Card by non-cardholders is prohibited.
4. Project accounts (grants) shall be charged for all purchases made on the **VISA** Card accounts(s) assigned to the individual. **The Individual card holder shall be responsible for paying all costs not allowable on sponsored projects.**
5. Purchases made during the last 30 days of a project period shall be limited to emergency purchases only.
6. Original detailed charge slips/receipts are to be retained by the individual cardholder and must be kept until receipt of monthly statement. When incurring food charges for meetings, the purpose of the meeting and list of attendees must be included. Upon receipt of monthly statement, the individual cardholder will review it for appropriate charges and then submit it with all receipts attached to the Principal Investigator. The Principal Investigator will indicate which grants(s) should be charged for each item on the statement. The Principal Investigator will submit the approved statement together with the original detailed charge slips/receipts and assigned grant numbers **by the 20th of each month following your statement (ex.Statement date 10/31 paperwork to be submitted by 11/20)** to Accounts Payable. **If the statement and receipts are submitted late 3 times within an 18 month period the card will be cancelled.**

The Principal Investigator will keep a copy of the statement on file **until grant is closed**. Accounts Payable will reconcile against monthly statements to make sure that all statements have been approved and will forward them to Accounting to charge to the grant.

- When **VISA** Card transactions are processed via telephone, the purchaser must request the vendor to forward hard-copy receipts.
- In the event that receipts are lost or other wise unavailable, it is the responsibility of the card holder to contact the vendor and arrange to obtain a replacement original receipt. These receipts must be kept on file for audit purposes.

➤ ***Note: All VISA Card purchases are NYS-tax exempt and no sales tax charges should be incurred.***

IF TAX IS CHARGED IT IS THE CARDHOLDERS RESPONSIBILITY TO REIMBURSE THE GRANT FOR ANY TAXES PAID.

7. It is the responsibility of the Principal Investigator and cardholder to notify the following offices in the event that an **VISA** Card is lost, stolen, or is used by an unauthorized individual:

VISA: 888.449.2273
Research Purchasing: 464-5720

Notification shall be made immediately upon learning of problem, and shall provide all pertinent information with respect to the loss, theft, or unauthorized use. Failure to promptly notify the above parties may result in financial penalties which will become the personal responsibility of the project director and/or cardholder.

8. The Principal Investigator shall make every reasonable effort to recover the card from an employee whose authority to use the card has terminated, or from any other unauthorized user.
9. The cardholder shall settle all disputes related to **VISA** Card purchases directly with the merchant involved. If a credit is due, the cardholder shall instruct the merchant to issue an **VISA** credit Voucher.
11. The Principal Investigator is ultimately responsible for all transactions involving **VISA** Card purchases assigned to his/her RF projects(s), together with the following:
- Ensure that the **VISA** Card will be used only for those purposes allowed within this Agreement **and within sponsor guidelines**, and that each authorized cardholder is aware of his/her responsibilities in this regard.
 - Ensure that the aggregate charges made on the AMEX Card(s) do not exceed the credit limit established; assume responsibility for any bank charges imposed for exceeding this credit limit.

12. **VISA** Card privileges may be revoked for the following reasons:

- The **VISA** Card is the property of the bank and the bank may, without liability or notice, revoke or cancel all or any part of the privileges at any time.
- Sponsored Programs may revoke or cancel **VISA** Card privilege if terms of this Agreement are violated.
- Use of a Research **VISA** Card for any type of personal expense (whether or not subsequently reimbursed) will result in cancellation of the **VISA** Card.
- Apparent and/or intentional misuse of the **VISA** Card will result in personal liability for all questioned charges and revocation of the card.

13. If a cardholder intends to expend funds on behalf of the grant for an individual who is not listed as providing effort, preauthorization must be obtained. This would occur, as an example, when a Principal Investigator travels with students whose efforts during that travel support the grant. The required preauthorization can be obtained through the Accounting and Budgeting Office, Sponsored Programs.

14. The use of this card results in the expenditure of monies prior to encumbrance against a grant's balance. Thus, in order to assure that the grant maintains adequate funds to cover expenses incurred through the use of this program/card, the accounting office will reserve \$5,000 of the annual funding of the named grant. A purchase requisition in the amount of \$5,000 must be submitted when requesting an **VISA** Card. The funds will be disencumbered upon notification from Sponsored Programs that your account is closing or that you no longer wish to use your **VISA** card. If you have an award for which the unspent balance must be returned to the sponsor upon termination, it is your responsibility to request the return of the **VISA** reserved funding to the budget so that it may be spent. The request must be submitted to Sponsored Programs in the final year of the award, two months prior to the account's termination.

CARD HOLDER ACKNOWLEDGEMENT

Name (Print): _____

Signature: _____

Date: _____

PRINCIPAL INVESTIGATOR ACKNOWLEDGEMENT

Name (Print): _____

Signature: _____

Date: _____

SPONSORED PROGRAMS ADMINISTRATOR APPROVAL

Signature: _____

Date: _____

**VISA NON-TRAVEL EXPENSE WORKSHEET**

Cardholder : _____

Project: _____ Task _____ Award _____

Statement Date: _____

Organization: _____ (For Office Use Only)

Due Date: **Worksheets must be submitted by the 20th of each month for the current statement.**

VENDOR	ITEM Description	Transaction Date	AMOUNT	Expenditure Type (OFFICE USE ONLY)

Total of Worksheet: _____

******RECEIPTS must be attached to this form**** Cardholder must pay Research Foundation of SUNY for any unallowable charges. ******

Project Director Signature : _____

Date: ____/____/____

Fiscal Designee Signature: _____

Date: ____/____/____

VISA TRAVEL PAYMENT REQUEST FORM

INTERACTIVE DOCUMENT: FILL OUT ON-LINE AND PRINT

****Request form is to be submitted by the 20th of each month for current charges****

NAME		Employee #
DEPARTMENT		
PROJECT	TASK	AWARD
Last 4 digits of Credit Card	CARD HOLDER	
STATEMENT DATE		
DESTINATION AND PURPOSE OF TRAVEL:		

DEPARTURE DATE:

TIME:

☐ AM ☐ PM

RETURN DATE:

TIME:

☐ AM ☐ PM

Registration \$ _

Hotel \$

Excessive hotel memo attached ☐ Yes ☐ No

Common Carrier \$ _

Meals \$ _

Parking \$ _

Miscellaneous . . \$ _

Car Rental \$

(Explain: Justification required) _

Taxi \$ _

Total \$ _____

Traveler Signature

Date

Project Director Signature

Date

Fiscal Designee Signature

Date

* Original receipts must be attached.

* Conference agenda must be attached.

* Any unallowable charges will need to be repaid to the Research Foundation of SUNY.

* Any expenses not placed on the VISA card must be submitted on a Travel Payment Request Form.